

Work Order ID 99150

99150

Page 1

March-28-13 12:55:09 PM

Item ID: D3901-3

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: Bar

Stop

NS2

Start Date: 3/25/13

Start Qty: 10.00

10

Cust Item ID:

Required Date: 3/27/13

Req'd Qty: 10.00

10

Customer:

Reference:

Approvals: Process Plan: MCS

Date: 3-03-28 Tooling:

Date:

Run

Start

NR1

QC: _____

Date: _____ SPC (Y/N):

Date: _____

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
--------------------------------	--------------------------	----------------------	---------	--------	--------------	---------------	---------------	------------------	----------------

Draw Nbr	Revision Nbr
----------	--------------

D3901	E	0.00							
100									
100									
Cold Saw	Memo	0.00							
Hyd Mech	Cut blanks at 67.50"								

110		0.00							
110									
HAAS I	Memo	0.00							
HAAS CNC vertical machine #1	1-Mill as per folio FB090 & dwg D3901, FOLIO REV: <u>AA</u> DWG REV: <u>E</u>								
	2-Deburr as required								

10 23-49

DAS
25
0-89 B4-B

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order:			DISPOSITION			AGAINST DEPARTMENT/PROCESS														
			Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Use-as-is <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Machining <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/>	Quality <input type="checkbox"/>	Other <input type="checkbox"/>
Part No.:			Work Order Update <input type="checkbox"/>																	
NCR No.:																				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description			Sign & Date	Verification	QC Inspector								
Doc/Data																				
Equip/Tooling																				
Operator																				
Material																				
Setup																				
Other																				
Process																				
Supplier																				
Training																				
Unapproved																				
FAULT CATEGORY																				
Landing Gear				General																
Bending		Bend		Grain		Ovalized		Pressure/Forced		Temperature/Cure		Weld		Wrong Stock Pulled		Other				
Centre Not Concentric to O/S		BOM/Route		Hardware		Over/Under tolerance														
Cracks		Broken/Damaged		Inspection Incomplete		Part Incorrect														
Crushed/Crimped		Burrs		Instructions Incomplete/Unclear		Part Lost/Missing														
Cuffs		Contamination		Maintenance		Part Moved														
Heat Treat		Countersink		Mislabeled		Positioned Wrong														
Inspection Strip in Tube		Cut Too Short		Misread		Power Loss/Surge														
Ripples in Bend		Drill Holes		Offset																
Torque Waves in Extrusion		Drawing		Out of Calibration																
Turning Sequence		Finish		Out of Sequence																
Wave/Twist in Tube		Folio		Outside Dimensions																

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Req'd Qty: 10.00

10

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

120

QC2- Inspect parts off machine FAI/FAIB

0.00

120

QC

Quality Control

Memo

0.00

EXTRA MATERIAL WILL BE CUT ON ASSEMBLY

DAS
25
8-89
13-4-13

130

QC8- Inspect parts - second check

0.00

130

QC

Quality Control

Memo

0.00

EXTRA MATERIAL WILL BE CUT ON ASSEMBLY

FR 13/04/13

10 0

140

Identify as per dwg & Stock Location: WAG01 0.00

140

Packaging

Packaging

Memo

0.00

(10) 13-04-15

DAS
09
8-89

13-04-15

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order:			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <hr/> <hr/> <hr/>		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <hr/> <hr/> <hr/>	

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Page 3

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Required Date: 3/27/13 **Req'd Qty:** 10.00

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Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

**Sequence ID/
Work Center ID**

**Operation
Description**

**Set Up/
Run Hours**

Tool ID

Tool #

**Plan
Code**

**Accept
Qty**

**Reject
Qty**

**Reject
Number**

**Insp.
Stamp**

150

QC21- Final Inspection - Work Order Release

0.00

13/4/16 JJ

150

QC

Memo

0.00

Quality Control

R(B-OH-15)

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS							
			Rework Scrap Use-as-is Work Order Update	Skid-tube Machining Thermoforming Large Fab	Crosstube Small Fab Finishing Composite	Water Jet Prod. Eng. Coor. Rec/Store/Packaging Supplier	Engineering Quality Other						
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector				
Doc/Data													
Equip/Tooling													
Operator													
Material													
Setup													
Other													
Process													
Supplier													
Training													
Unapproved													
FAULT CATEGORY													
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions						<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <hr/> <hr/> <hr/>			
										<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <hr/> <hr/> <hr/>			
										<input type="checkbox"/> Other			

Picklist Print

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Page 1

Work Order ID:	99150	Start Date:	3/25/13	Required Date:	3/27/13
Parent Item:	D3901-3	Start Qty:	10.00	Required Qty:	10.00
Parent Item Name:	Bar				
Comments:	IPP RevA: New issue DD verified by:EC verified by:JLM	IPP RevB: Now on cnc JFS 12/02/13			

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M304B0.250x0.500 304 BAR .250 x .500		Purchased	No			100	f	452.6470	5.573	58.663158		S 13-4-9	

<u>Location</u>	<u>Loc Qty</u>	<u>Loc Code</u>
MAT049	452.647	
123902	31.492	
124518	421.155	
		58.7

DQA: _____ Date: _____

NCR: Yes / No

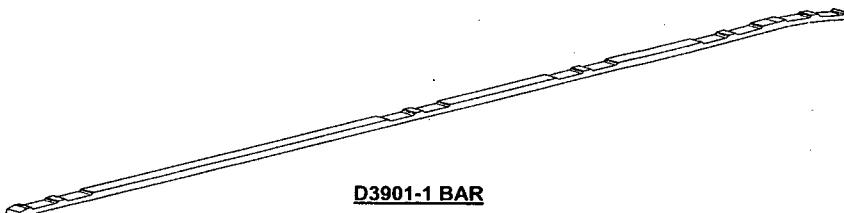
WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

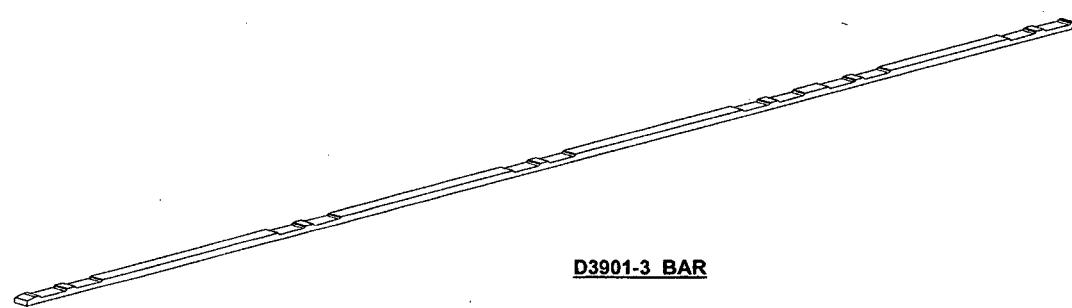
Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS						
			Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Use-as-is <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>			
Part No. _____			Machining <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
NCR No. _____			Work Order Update <input type="checkbox"/>	Finishing <input type="checkbox"/>	Composite <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Supplier <input type="checkbox"/>	Other <input type="checkbox"/>				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data												
Equip/Tooling												
Operator												
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10

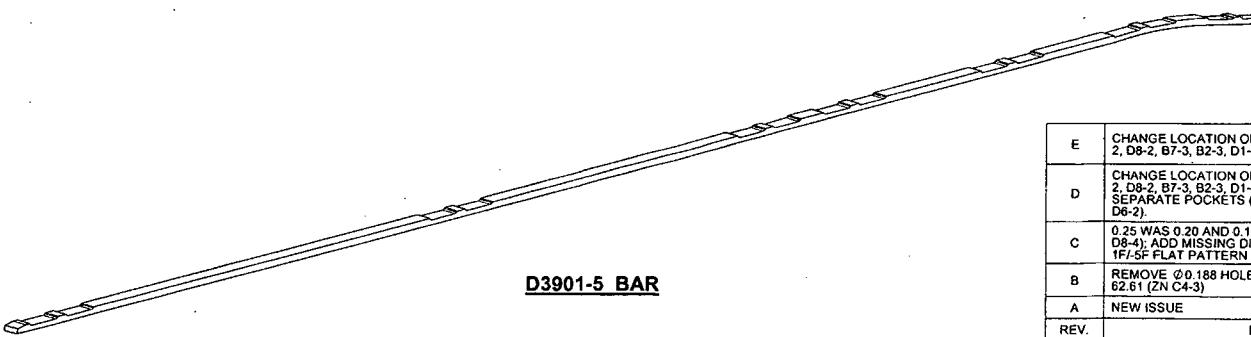
7 6 5 4 3 2 1



D3901-1 BAR



D3901-3 BAR



D3901-5 BAR

RELEASED
R 2012-09-04
MP

E	CHANGE LOCATION OF END POCKETS ON -1/-3/-5 (ZN B1-2, D8-2, B7-3, B2-3, D1-4, D7-4).	DC	12.08.23
D	CHANGE LOCATION OF END POCKETS ON -1/-3/-5 (ZN D1-2, D8-2, B7-3, B2-3, D1-4, D8-4). SPLIT POCKETS INTO TWO SEPARATE POCKETS (ZN A2-2). ADD POCKET TO -1 (ZN D8-2).	DC	12.08.21
C	0.25 WAS 0.20 AND 0.130 WAS 0.080 (ZN B2-2, B1-2, B1-3, D8-4); ADD MISSING DIMENSIONS (ZN C5-3); ADD D3901-1F/SF FLAT PATTERN	RF	12.01.24
B	REMOVE Ø0.188 HOLES FROM D3901-1/-3/-5; 62.12 WAS 62.61 (ZN C4-3)	RF	09.06.30
A	NEW ISSUE	RF	09.03.30
REV.	DESCRIPTION	BY	DATE
DESIGN	RF	DART AEROSPACE USA, INC.	
DRAWN	DC	KENT, WA	
CHECKED	AS	DRAWING NO.	REV. E
MFG. APPR.	SI	D3901	SHEET 1 OF 4
APPROVED	MP	TITLE	SCALE
DE APPR.	MP	BAR	NTS
DATE	12.08.23	COPYRIGHT © 2009 BY DART AEROSPACE USA, INC. THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED PURSUANT TO INFORMATION THAT IS NOT TO BE USED FOR ANY OTHER PURPOSE OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE USA, INC.	

6/6 99/50

8 7 6 5 4 3 2 1

D

C

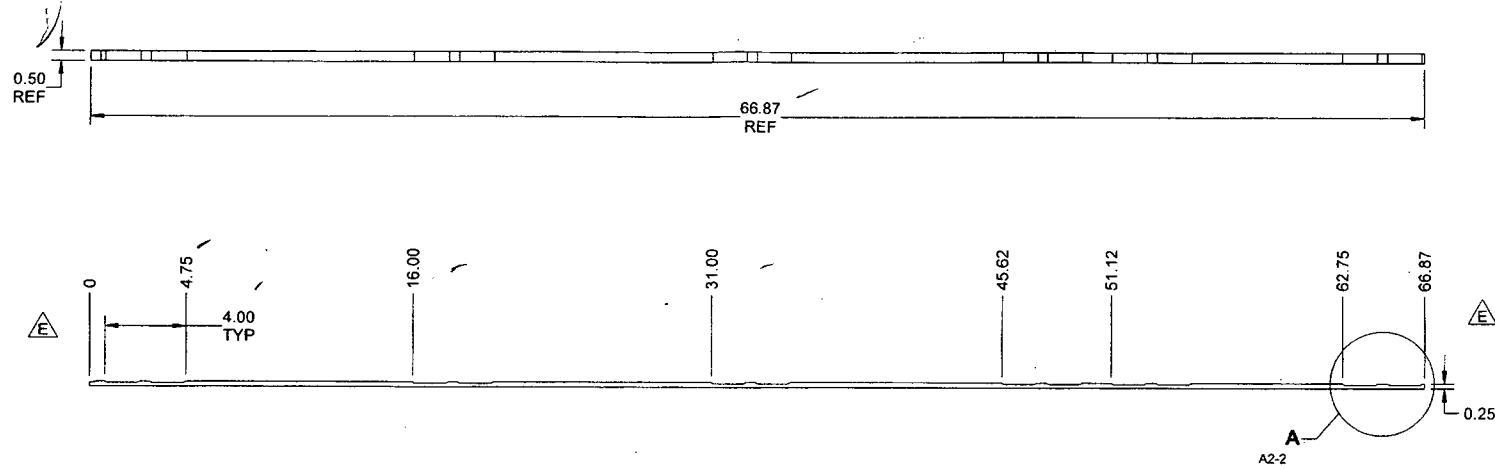
C

B

B

A

A



D3901-3 BAR

- NOTES:
- 1) MATERIAL: AISI 304/316 STAINLESS STEEL BAR, 0.250 THICK X 0.500 WIDTH
PER ASTM A276 OR ASTM A240
REF. DART SPEC. M304B0.250X0.500
 - 2) FINISH: NONE
 - 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
 - 4) UNITS: INCHES UNLESS OTHERWISE NOTED
 - 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
 - 6) IDENTIFICATION: NONE
 - 7) WEIGHT: 2.21 lbs.

6/6 99150

DESIGN	RF	DART AEROSPACE USA, INC.	
DRAWN	DC	KENT, WA	
CHECKED	BS	DRAWING NO.	REV. E
MFG. APPR.	SJ	D3901	SHEET 3 OF 4
APPROVED	MP	TITLE	SCALE
DE APPR.		BAR	NTS
DATE	12.08.23	COPYRIGHT © 2009 BY DART AEROSPACE USA, INC. THIS DOCUMENT AND ITS CONTENTS ARE PROPRIETARY TRADE SECRETS THAT ARE NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE USA, INC.	

DART AEROSPACE LTD	Work Order:	991SC
Description: BAR	Part Number:	D 3901-3
Inspection Dwg: D 3901	Rev: F	Page 1 of 1

FIRST ARTICLE INSPECTION CHECKLIST

Measured by:	<u>S.</u>	Audited by:	<u>F.K.</u>	Preliminary Approval:	
Date:	<u>13-4-13</u>	Date:	<u>13/04/13</u>	Date:	

Rev	Date	Change	Revised by	Approved
E	10.04.14	Added preliminary approval	KJ	

10. Oct. 15